ORDER SET  
Known or Suspected COVID−19  
Patient Admission Orders − ADULT (Version 7. 2020Apr3)

Patient: ___________________________  Allergies: ___________________________

Items preceded by a **bullet (•)** are active orders. Items preceded by a **checkbox (☐)** are only to be carried out if checked.

1. **General Measures**
   - Droplet and contact precautions
   - Avoid aerosol generating medical procedures (AGMP)
   - If AGMP necessary, add airborne precautions
   - Contact Infection Prevention and Control through switchboard
   - If patient must leave their isolation room (e.g. radiology), they must wear a surgical mask, if capable.
     ☐ Educate patient on need to remove facial hair to ensure facemask seal in the event of respiratory decompensation.

2. **Goals of Care**
   - Frailty screen (see pg 3) for age greater than 65 years to inform discussion related to prognosis and goals of care.
     - **Clinical Frailty Score:**  ☐ 1−3 (fit / well)  ☐ 4−5 (vulnerable / mild)  ☐ 6 (moderate)  ☐ 7−9 (severe / terminal)
     - ☐ Comfort care only
     - ☐ Ward based care only – no ICU level care, intubation or CPR
     - ☐ ICU level care only – no intubation or CPR
     - ☐ ICU level care with intubation – no CPR in case of cardiac arrest
     - ☐ FULL CODE including ICU level care, intubation and CPR

3. **SDM / POA (Name and contact information):** ___________________________

4. **Diet:** ___________________________

5. **Activity:** ☐ As tolerated  ☐ Other: ___________________________

6. **Vital Sign Monitoring:**  • Full vitals (BP/HR/RR/Temp) ☐ q2h  ☐ q4h  ☐ qid  ☐ once per shift  ☐ Other: __________

7. **Oxygen Saturation**
   - Target **SpO2:**  ☐ Equal to or greater than 90 %  ☐ 92−95 % (pregnant women)
     - ☐ 88−92 % (pre-existing chronic lung disease)  ☐ Other: ___________________________
   - **SpO2 Monitoring:**  • Continuous  ☐ q1h  ☐ q2h  ☐ q4h  ☐ qid

8. **IV Fluids:**  • IV ___________________________ at ___________ mL/h  ☐ Reassess in ___________ h
   - ☐ Saline lock IV

9. **Laboratory Investigations:**
   - CBC (profile, auto diff) INR, PTT
   - Creatinine, urea, electrolytes (Na, K), chloride, calcium, magnesium, phosphate, total CO2, random glucose, ALT, AST, albumin, CK, troponin, CRP
   - Ferritin (do not cancel note), D−Dimer
   - HIV, Hepatitis C (diagnosis)
   - ABG
   - Beta−HCG (women of childbearing potential)

10. **Diagnostic Investigations**
    - ☐ Confirmatory COVID−19 nasopharyngeal swab, if not done
    - ☐ Blood cultures (2 sets, aerobic and anaerobic)
    - ☐ Sputum culture

11. **Diagnostic Imaging**
    - ☐ ECG  ☐ Chest x−ray, PA and lateral  ☐ Chest x−ray, portable

12. **Consultations**
    - ☐ Infectious Diseases  ☐ Respirology OR ☐ Internal Medicine
    - ☐ Critical Care − if AIRVO® or non−invasive positive pressure ventilation being considered.
    - ☐ Critical Care − if Airway Management Team called. High probability of transfer to Critical Care.

Prescriber’s Signature: ___________________________  Date (YYYY/MON/DD): ___________________________  Time: ___________

Prescriber’s Name: ___________________________  Print  Reg. No.: ___________________________
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13. **Medications**
   - HOLD all NSAIDs (e.g. ibuprofen, naproxen). Exception: continue low dose daily ASA.
   - Consider need for withdrawal management.

   **Fever / Pain**
   - ☑ Acetaminophen 650 mg po/ng/pr q6h prn (maximum 4 g / 24 h)
   - ☑ HYDROmorphine 0.5–2 mg po/ng q4h prn (suggest start frail / elderly patient at lowest dose)
   - ☑ HYDROmorphine 0.25–1 mg subcut q4h prn (suggest start frail / elderly patient at lowest dose)

   **Severe Dyspnea / Pain**
   - ☑ HYDROmorphine 0.5–2 mg po/ng q4h prn (suggest start frail / elderly patient at lowest dose)
   - ☑ HYDROmorphine 0.25–1 mg subcut q4h prn (suggest start frail / elderly patient at lowest dose)

   **Influenza A / B Treatment**
   - ☑ Oseltamivir 75 mg po/ng bid x 5 days (adjust dose if CrCl less than 60 mL/min). Stop if influenza A / B negative.

   **Respiratory**
   - ☑ Salbutamol 100 mcg MDI with aerochamber 2 inh q4h and q1h prn
   - ☑ Ipratropium 20 mcg MDI with aerochamber 2 inh q4h prn

   **Constipation**
   - ☑ PEG 3350 17g po/ng daily prn

   **Agitated Delirium**
   - ☑ Haloperidol 0.5–1 mg po/ng/IM q6h prn (suggest start frail / elderly patient at lowest dose)
   - ☑ HYDROmorphone 0.25–1 mg subcut q4h prn (suggest start frail / elderly patient at lowest dose)

   **Venous Thromboembolism (VTE) Prophylaxis**
   - ☑ Dalteparin 5,000 units subcut daily
   - ☑ No prophylaxis, reason: ________________________________

14. **Public Health contraindication(s) to discharge:**
   - ☑ Homeless
   - ☑ Living in shelter or group home
   - ☑ Cohabitation with a high−risk individual without ability to self−isolate in the home.

15. **Additional Orders: ________________________________

   ________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

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Clinical Frailty Scale *

1. Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and / or being tired during the day.

5. Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems either stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7. Severely Frail – Competely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy less than 6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of fraility corresponds to the degree of dementia.

Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question / story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.